

Urgent MADAP Request Form
Maryland AIDS Drug Assistance Program
To be completed only by Case Managers*

Telephone: 410-767-6535

Confidential Fax: 410-333-2608

Eligibility Criteria for Urgent MADAP: Please note that applications must demonstrate an immediate need for medication with an explanation given below. ***The Urgent MADAP Request Form must be filled out completely.*** Please print legibly.

Client's name: _____

Please Check All Appropriate Boxes:

- ☐ Client meets eligibility criteria for MADAP (required)
- ☐ A completed MADAP application form is attached to this request form (required)
 - ☐ All required documentation is included with this application
 - ☐ The following documentation is not currently available, but will be submitted within 30 days:
 - ☐ Proof of income
 - ☐ Proof of residency
 - ☐ Medical form signed by clinician

Client must meet one of the following three criteria:

- ☐ Client is currently taking antiretroviral medication and has less than a two-week supply of antiretroviral meds.

List antiretrovirals currently prescribed to this client and explain how the client has been paying for these medications: _____

- ☐ Client has an acute medical condition requiring MADAP formulary medications.

Describe the acute medical condition (note, being HIV + is not an acute medical condition):

List the MADAP formulary medications currently prescribed to this client:

- ☐ Client meets eligibility criteria for PAC but is applying for MHIP

Prescribing Clinician's Name: _____ **Phone #:** _____

Lab Results (not more than 12 months old):

Results of Last CD4 Test: _____ Date of Test: _____

Results of Last Viral Load: _____ Date of Test: _____

- ☐ Results are pending and not available at this time (date of most recent test): _____

***Declaration of HIV/AIDS Case Manager, Licensed Social Worker, RN, DOC representative assisting client with the MADAP application:**

- Based on the information provided to me, the client appears to meet the eligibility criteria for MADAP.
- I understand that all missing documentation must be submitted within 30 days or the Urgent MADAP will terminate
- I understand that Urgent MADAP is valid for only 60 days beginning on the first day of the month of application.

Referring Person's Signature & Date

Referring Person's Printed Name

Phone Number

Organization

Street Address

City, State, ZIP